Name in Full Certificate of Death

Got named Collick

Died at Town Girdletree County Worcester MARYLAND

Date 1898 Month Sept, Day 17 Age Y. 0 M. 5, D. 12, Native of Maryland Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

96

Father's Name John Collick Mother's Name Hattie Rowley

Cause of Death Primary Acute tubal nephritis How long sick 5 days

Immediate Peritonitis ~~Accident, Suicide, Homicide~~

Reported by C. H. Bennum M.D.

Address Girdletree Worcester Co,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85068

Name in Full

Certificate of Death

Lottie Dashiell

Died at Town Snow Hill County Worcester MARYLAND

Date 189 8 Month Sept Day 18th | Age Y. M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Dr. E. S. Dashiell

Mother's Name

Cause of Death { Primary Diphtheria S.F. | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Peninsula Press. Sept 22

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

P. E. Churchyards.

Name in Full Certificate of Death

Arthur Denby

Died at Town Crisfield County Worcester MARYLAND

Date 189 8 Month 9 Day 8 Age Y. 1 M. 11 D. Native of Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children~~ living

Husband of Wife

Father's Name Mother's Name 82

Cause of Death Primary Cholera Infantum How long sick

Immediate Accident, Suicide, Homicide

Reported by G. T. A. Kinsie M.D.

Address Crisfield

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65666

Name in Full

Certificate of Death

Rev. Joseph T. Devereaux

Died at Town: Snow Hill County: Worcester MARYLAND

Date 1898 Month: 9 Day: 27 | Age Y.: 62 M.: D.: | Native of | Occupation: Minister

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by The Advocate 10-1

Address Snow Hill

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

James H. Hayman

Died at Town: Pocomoke City County: Worcester MARYLAND

Date 189 Month: 9 Day: 24 | Age Y.: 83 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced

Number of children living

Husband of Wife

Father's Name

Mother's Name

153

Cause of Death: Primary — General debility — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Ledger Enterprise

Address Pocomoke City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Dewey Mills

Died at Town Snow Hill County Worcester MARYLAND

Date 189 9 Month 9 Day 23 | Age Y. infant M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Ernest Mills

Mother's Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by The Advocate 10-1

Address Snow Hill

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Full

Certificate of Death

Died at Town: Pocomoke City County: Worcester MARYLAND

Date 1898 Month: 9 Day: 26 | Age Y.: 16 M.: D.: | Native of | Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband / Wife of

Father's Name: E. N. Full

Mother's Name:

Cause of Death — Primary: 161 — Immediate

How long sick

Accident, Suicide, Homicide

Reported by: Ledger Enterprise 10-1

Address: Pocomoke City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 05968